STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
COMPTEL PAG	S.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ADDRESS (number and s	900 17th Street NW	
(Check if address is changed)	Sujte,400	
	Washington	DC
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	ebach@comptel.org	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	www.comptel.org	
2. DATE M M M M O 3	2 4 2 0 0 9 TION NUMBER C C00344770	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correc	t and complete
Type or Print Name of	Treasurer	
Signature of Treasurer	Electronically Filed by Jerry James	Date 03 / 24 / 2009
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this S ANY CHANGE IN INFORMATION SHOULD BE REPORTE	· · · · · · · · · · · · · · · · · · ·
Office Use Only	For further information Federal Election Community Toll Free 800-424-95 Local 202 694 1100	nission FEC FORM 1